

Please Print or Type (Single Space) <b>TO BE COMPLETED AND FILED WITHIN 15 DAYS</b>												Sheet of Sheet(s)				
<b>LOCAL USE</b>				<b>STATE OF NEW HAMPSHIRE</b> <b>UNIFORM POLICE</b> <b>TRAFFIC ACCIDENT REPORT</b> <small>DSMV159 (Rev. 10/95)</small>								<b>M.V. USE ONLY</b>				
Amended Report <input type="checkbox"/>		Hit and Run <input type="checkbox"/>						No. Date Rec'd		Supplemental Report <input type="checkbox"/>		Motor Carrier Report <input type="checkbox"/>				
DATE OF ACCIDENT		DAY OF WEEK		TIME OF ACCIDENT <small>(Military)</small>		CITY/TOWN										
TOTAL KILLED <input type="checkbox"/>		TOTAL INJURED <input type="checkbox"/>		TOTAL VEHICLES <input type="checkbox"/>		POLICE NOTIFIED		POLICE ARRIVED		AMBULANCE ARRIVED		DEPARTMENT				
ACCIDENT OCCURRED ON:												POSTED SPEED				
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> MILES N <input type="checkbox"/> E <input type="checkbox"/> OF  <input type="checkbox"/> FEET S <input type="checkbox"/> W  <input type="checkbox"/> AT INTERSECTION WITH </div> <div>INTERSECTING ROAD, BRIDGE, TOWN LINE (not telephone pole, house)</div> </div>																
ROUTE NO. AND/OR STREET NAME												ROUTE NO. AND/OR STREET NAME				
<div style="display: flex; justify-content: space-between;"> <div> <b>FIRST NODE</b>  <small>Complete first node for accidents at node, complete both for accidents between nodes.</small>            DISTANCE FROM FIRST NODE TOWARD SECOND            MAP 10 ZONE NODE / SUF FEET MAP 10 ZONE NODE / SUF </div> <div> <b>SECOND NODE</b>            MILE-MARKER ON INTERSTATE ONLY            FEET            N E S W </div> <div>           MILE  <div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div> </div> </div>																
<b>UNIT NO.: INFORMATION</b>						<b>UNIT NO.: INFORMATION</b>										
BICYCLE <input type="checkbox"/> SUMMONED <input type="checkbox"/> ARRESTED <input type="checkbox"/> M.V.R. YES <input type="checkbox"/>						BICYCLE <input type="checkbox"/> SUMMONED <input type="checkbox"/> ARRESTED <input type="checkbox"/> M.V.R. YES <input type="checkbox"/>										
PEDESTRIAN <input type="checkbox"/> CHARGE: RECOM <input type="checkbox"/>						PEDESTRIAN <input type="checkbox"/> CHARGE: RECOM <input type="checkbox"/>										
DRIVER LICENSE NO. STATE CLASSIFICATION						DRIVER LICENSE NO. STATE CLASSIFICATION										
DRIVER'S NAME LAST, FIRST, MIDDLE						DRIVER'S NAME LAST, FIRST, MIDDLE										
D.O.B. SEX RESTRICTIONS / ENDORSEMENTS COMPLIED WITH YES <input type="checkbox"/>						D.O.B. SEX RESTRICTIONS / ENDORSEMENTS COMPLIED WITH YES <input type="checkbox"/>										
CURRENT ADDRESS, NUMBER AND STREET PHONE NO.						CURRENT ADDRESS, NUMBER AND STREET PHONE NO.										
CITY / TOWN STATE ZIP CODE						CITY / TOWN STATE ZIP CODE										
PLATE NUMBER PLATE TYPE STATE TRAILER PLATE STATE						PLATE NUMBER PLATE TYPE STATE TRAILER PLATE STATE										
MAKE YEAR COMMERCIAL VEHICLE ACCIDENT <input type="checkbox"/> HAZARDOUS MATERIALS <input type="checkbox"/>						MAKE YEAR COMMERCIAL VEHICLE ACCIDENT <input type="checkbox"/> HAZARDOUS MATERIALS <input type="checkbox"/>										
V.I.N.						V.I.N.										
SAME AS DRIVER <input type="checkbox"/> OWNER NAME LAST, FIRST MIDDLE						SAME AS DRIVER <input type="checkbox"/> OWNER NAME LAST, FIRST MIDDLE										
CURRENT ADDRESS, NUMBER AND STREET PHONE NO.						CURRENT ADDRESS, NUMBER AND STREET PHONE NO.										
CITY / TOWN STATE ZIP CODE						CITY / TOWN STATE ZIP CODE										
INSURANCE CO. & POLICY # OR DSMV 385 ISSUED <input type="checkbox"/>						INSURANCE CO. & POLICY # OR DSMV 385 ISSUED <input type="checkbox"/>										
VEHICLE TOWED <input type="checkbox"/> BY: TO:						VEHICLE TOWED <input type="checkbox"/> BY: TO:										
REF.	26	27	28	29	NAME(S) OF OCCUPANTS OR WITNESSES				ADDRESS / PHONE				30	31	32	33
1																
2																
3																
4																
5																
6																

UNIT NO: _____ <input type="checkbox"/> INDICATE PROBABLE POINT OF IMPACT <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="margin-right: 10px;">           16. Undercarriage            17. Rollover            18. Fire/Explosion            19. Total         </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <span>13 Front</span> <span>14</span> <span>Rear 15</span> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <span>12</span><span>11</span><span>10</span><span>9</span><span>8</span><span>7</span> </div> </div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Rear → →</td> <td style="width: 25%;">Passing ↘ →</td> <td style="width: 25%;">Lt. Turn ↘ ↘</td> <td style="width: 25%;">Intersection ↓</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>Rt. Turn → ↘</td> <td>Rt. Turn ↘ ↘</td> <td>Head-On → ←</td> <td>Sideswipe → ←</td> </tr> <tr> <td>5</td> <td>6</td> <td>7</td> <td>8</td> </tr> </table>	Rear → →	Passing ↘ →	Lt. Turn ↘ ↘	Intersection ↓	1	2	3	4	Rt. Turn → ↘	Rt. Turn ↘ ↘	Head-On → ←	Sideswipe → ←	5	6	7	8	UNIT NO: _____ <input type="checkbox"/> INDICATE PROBABLE POINT OF IMPACT <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="margin-right: 10px;">           16. Undercarriage            17. Rollover            18. Fire/Explosion            19. Total         </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <span>13 Front</span> <span>14</span> <span>Rear 15</span> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <span>12</span><span>11</span><span>10</span><span>9</span><span>8</span><span>7</span> </div> </div> </div>
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1	2	3	4															
Rt. Turn → ↘	Rt. Turn ↘ ↘	Head-On → ←	Sideswipe → ←															
5	6	7	8															

Circle numbers indicating areas damaged

Indicate Vehicle Numbers on Arrows Above


Circle numbers indicating areas damaged

**ACCIDENT SKETCH**  
 Indicate North  

By Arrow

**GIST OF ACCIDENT**

SIGNATURE OF INVESTIGATING OFFICER	DATE OF REPORT	REVIEWED BY
DEPARTMENT / DIVISION / TROOP	PHOTOS TAKEN YES <input type="checkbox"/> NO <input type="checkbox"/> BY: _____	

LOCAL USE		<b>STATE OF NEW HAMPSHIRE MOTOR CARRIER ACCIDENT REPORT</b> 		M.V. USE ONLY	
Please Print or Type				No. _____ Date Rec'd _____ Amended Report <input type="checkbox"/>	
DATE OF ACCIDENT	DAY OF WEEK	TIME OF ACCIDENT (Military)	CITY/TOWN	COUNTY	

**WHEN TO USE THIS FORM:** Answers to questions below determines use

**Did this accident involve -**

1. truck with at least 2 axles, 6 tires or placardable amounts of haz. mat. cargo? Yes ☐ No ☐
  2. bus with seats for more than 15 people, including driver? Yes ☐ No ☐
- STOP - If response to both questions is "No", do not fill out this form.**
3. person(s) fatally injured? Yes ☐ No ☐
  4. injured person(s) taken away for medical attention? Yes ☐ No ☐
  5. vehicle(s) towed from scene? Yes ☐ No ☐
- STOP - If response is "Yes" to 3, 4 or 5: fill out form.**

**B-1. Carrier's Identification Numbers**

US DOT

ICC MC

STATE NAME

State Number

**B-2. Carrier's Name**

Source: (1) Vehicle Side ☐  
(2) Shipping Papers ☐  
(3) Driver ☐

**B-3. Carrier's Address**

Street or P.O. Box

City

State

Zip Code

<b>J. Gross Vehicle Weight Rating</b> <input type="text"/> lbs.		<b>K. Axles on Vehicle (including trailers)</b> <input type="text"/>		<b>O. Sequence of Events (for this vehicle)</b> 1 2 3 4 Ran off road 1 2 3 4 Jackknife 1 2 3 4 Overtum 1 2 3 4 Downhill runaway 1 2 3 4 Cargo loss or shift 1 2 3 4 Explosion or fire 1 2 3 4 Separation of units 1 2 3 4 Collision involving pedestrian 1 2 3 4 Collision involving motor vehicle in transport 1 2 3 4 Collision involving parked motor vehicle 1 2 3 4 Collision involving train 1 2 3 4 Collision involving pedalcycle 1 2 3 4 Collision involving animal 1 2 3 4 Collision involving fixed object 1 2 3 4 Collision involving other object 1 2 3 4 Other <input type="text"/>			
<b>L. HAZARDOUS MATERIALS INVOLVEMENT</b> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/>							
<b>L-1. Did vehicle have Haz. Mat. placard?</b> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/>							
<b>L-2. From placard indicate:</b> 4-digit placard number/name from diamond box: <input type="text"/>				1-digit number from bottom of diamond: <input type="text"/>			
<b>L-3. Was HAZARDOUS CARGO from vehicle released? (don't count fuel from fuel tank)</b> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/>							
<b>L-4. NOTIFICATION:</b>				<b>P. Type of Roadway</b> (1) <input type="checkbox"/> 2-way Trafficway with no Physical Separation (2) <input type="checkbox"/> 2-way Trafficway with a Physical Separation (3) <input type="checkbox"/> 2-way Trafficway with a Physical Barrier (4) <input type="checkbox"/> 1-way Trafficway			
<b>M. Vehicle Configuration</b> (1) <input type="checkbox"/> Any four tire vehicle (2) <input type="checkbox"/> Bus (3) <input type="checkbox"/> 1-unit truck: 2 axle, 6 tires (4) <input type="checkbox"/> 1-unit truck: 3 or more axles (5) <input type="checkbox"/> Truck / trailer (6) <input type="checkbox"/> Truck / tractor (Bobtail) (7) <input type="checkbox"/> Tractor / semi-trailer (8) <input type="checkbox"/> Tractor / doubles (9) <input type="checkbox"/> Tractor / triples (10) <input type="checkbox"/> Other		<b>N. Cargo Body Type</b> (1) <input type="checkbox"/> Bus (2) <input type="checkbox"/> Van / enclosed box (3) <input type="checkbox"/> Cargo tank (4) <input type="checkbox"/> Flatbed (5) <input type="checkbox"/> Dump (6) <input type="checkbox"/> Concrete mixer (7) <input type="checkbox"/> Auto transporter (8) <input type="checkbox"/> Garbage / refuse (9) <input type="checkbox"/> Other		<b>Q. Access Control</b> (1) <input type="checkbox"/> No Control of Access (2) <input type="checkbox"/> Full Control of Access (3) <input type="checkbox"/> Other			


SIGNATURE OF INVESTIGATING OFFICER

DATE OF REPORT

REVIEWED BY

DEPARTMENT / DIVISION / TROOP

PHOTOS TAKEN YES ☐  
NO ☐ BY

<b>LOCAL USE</b>	<b>STATE OF NEW HAMPSHIRE TRAFFIC ACCIDENT REPORT SUPPLEMENTAL INFORMATION</b> 		<b>M.V. USE ONLY</b>	
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DATE OF ACCIDENT	DAY OF WEEK	TIME } OF ACCIDENT (Military)	CITY / TOWN	